

INFORMATION OBTAINED IN THIS CERTIFICATION PROCESS WILL ONLY BE USED BY THE NANTUCKET REGIONAL TRANSIT AUTHORITY (NRTA) FOR THE PROVISION OF TRANSPORTATION SERVICES. INFORMATION WILL ONLY BE SHARED WITH OTHER TRANSIT PROVIDERS TO FACILITATE TRAVEL IN THOSE AREAS. THE INFORMATION WILL NOT BE PROVIDED TO ANY OTHER PERSON OR AGENCY. THE NRTA RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION PROVIDED IN THIS CERTIFICATION FORM.

— PLEASE PRINT —

1. NAME: _____
(last) (first) (middle initial)

2. ADDRESS: _____
(street)

(town) (state) (zip)

3. MAILING ADDRESS: (if different)

(street) (p.o. box) (town) (state) (zip)

4. TELEPHONE NUMBER: (home) _____ (work) _____

5. DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

6. What disability prevents you from using fixed route service when it is running?

Is this condition temporary? _____ If Yes, expected length: _____

7. How does this disability prevent you from using fixed route service? Please explain completely. Use an additional sheet if necessary.

8. Are there any other effects of your disability of which we need to be aware?

The following information will be used to ensure that the appropriate service is provided to you and that an accurate analysis of your trip requests can be made by the NRTA.

9. Do you use any of the following aids to mobility? (check all that apply)

Manual wheelchair _____ Power Scooter _____ Powered chair _____

Cane _____ Walker _____ Crutches _____ Braces _____ Aide Dog _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Phone: _____

10. Please answer the following questions:

Can you travel 200 feet without assistance of another person?

Yes _____ No _____ Sometimes (explain) _____

Can you travel $\frac{1}{4}$ of a mile without assistance of another person?

Yes _____ No _____ Sometimes _____ (explain) _____

Can you travel $\frac{3}{4}$ of a mile without assistance of another person?

Yes _____ No _____ Sometimes _____ (explain) _____

Can you climb three (3) 12-inch steps without assistance?

Yes _____ No _____ Sometimes _____ (explain) _____

Can you use fixed route buses if they have wheelchair lifts?

Yes _____ No _____ Sometimes _____ (explain) _____

Can you wait outside without support for ten minutes?

Yes _____ No _____ Sometimes _____ (explain) _____

Can you deal with unexpected situations or routines?

Yes _____ No _____ Sometimes _____ (explain) _____

Can you follow directions or give requested information?

Yes _____ No _____ Sometimes _____ (explain) _____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT.

SIGNED _____ **DATE:** ____/____/____

***PLEASE RETURN TO: NANTUCKET REGIONAL TRANSIT AUTHORITY
3 EAST CHESTNUT STREET
NANTUCKET, MA 02554
(508) 325-9571***

IN ORDER TO ALLOW THE NRTA TO EVALUATE YOUR REQUEST, PLEASE CONTACT A PHYSICIAN, HEALTH CARE PROFESSIONAL OR OTHER PROFESSIONAL TO CONFIRM THE INFORMATION YOU HAVE PROVIDED. PLEASE HAVE THE FOLLOWING INFORMATION PROVIDED TO THE NRTA. ALL QUESTIONS MUST BE ANSWERED BEFORE A DETERMINATION CAN BE MADE.

THE ATTACHED INFORMATION HAS BEEN SUBMITTED TO THE NRTA BY THE APPLICANT. THE NRTA ASKS THAT YOU PROVIDE INFORMATION REGARDING HIS/HER DISABILITY AND ITS IMPACT UPON HIS/HER ABILITY TO UTILIZE OUR TRANSIT SERVICES. FEDERAL LAW REQUIRES THAT THE NRTA PROVIDE PARATRANSIT SERVICES TO PERSONS WHO CANNOT UTILIZE AVAILABLE FIXED ROUTE SERVICES. A PERSON MUST HAVE AN ACTUAL PHYSICAL OR MENTAL FUNCTIONAL LIMITATION THAT DOES NOT ALLOW THEM TO USE REGULAR ACCESSIBLE PUBLIC TRANSPORTATION. A MEDICAL DIAGNOSIS OF AN ILLNESS OR MEDICAL CONDITION DOES NOT AUTOMATICALLY MAKE THE APPLICANT ELIGIBLE FOR SERVICE. THE INFORMATION THAT YOU PROVIDE WILL ALLOW US TO MAKE AN APPROPRIATE EVALUATION OF THIS REQUEST AND ITS APPLICATION TO SPECIFIC TRIP REQUESTS. THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

1. Length of time and capacity in which you know the applicant:
2. Condition preventing or limiting the applicant from using regular fixed route service: (Diagnosis)
3. Is this condition temporary? Yes/No _____ Expected duration: until __/__/__

3. If the person has a disability affecting mobility can the person:

4.

Travel 200 feet without assistance?	Yes _____	No _____
Travel 1/4 mile without assistance?	Yes _____	No _____
Travel 3/4 mile without assistance?	Yes _____	No _____
Climb three (3) 12-inch steps without assistance?	Yes _____	No _____
Wait outside without support for 10 minutes?	Yes _____	No _____

IF "YES" TO ANY OF THE ABOVE QUESTIONS: Can the applicant use regular fixed route service if that service has wheelchair lifts? Yes _____ No _____

5. Does the client require a Personal Care Attendant when traveling? Yes _____ No _____

6. Does the client use any of the following aids to mobility? (check all that apply)

Manual wheelchair _____ Power Scooter _____ Powered chair _____ Cane _____
Walker _____ Crutches _____ Braces _____ Aide Dog _____

7. Is the person affected by certain weather/climate conditions or geographical features which prevents him/her from using fixed route service?

Weather: Cold/Ice _____ Heat/Humidity _____
Physical Terrain: (specify) _____

8. If the person has a visual impairment:

Visual acuity with best correction:

Right Eye _____ Left Eye _____ Both Eyes _____

Visual fields:

Right Eye _____ Left Eye _____ Both Eyes _____

9. If the person has a cognitive disability: Is the person able to:

Give addresses and telephone numbers upon request? Yes _____ No _____

Recognize a destination or landmark? Yes _____ No _____

Deal with unexpected situations or unexpected change in routine? Yes _____ No _____

Ask for, understand and follow directions? Yes _____ No _____

Safely and effectively travel through crowded and/or complex facilities? Yes _____ No _____

10. Are there any other problems of which NRTA should be aware? Please describe. _____

11. Is there any other limitations to a life activity which you feel should be considered but that has not been covered in previous questions: _____

Certifier's Name (Please Print): _____

Office Address and Phone Number: _____

Signature: _____ Title _____

(NOTE: Failure to answer these questions may delay or jeopardize the certification for service).

— OFFICE USE ONLY —

Date Received: _____ Certification #: _____ Category: _____

Comments:

Authorized Signature
NRTA